

**DATE**

Dear L.A. Care Health Plan and the Center for Health Care Strategies,

I am writing in support of the application for the Provider Leadership Program on behalf of **APPLICANT NAME**, who if accepted, has agreed to fully engage in all aspects of this ten-month program (October 2024 – July 2025). As their organizational sponsor, I support their ability to fully participate in and attend all: (1) 12 virtual seminars; (2) 1:1 coaching sessions; and (3) leadership project development and implementation activities. I am also willing to provide my feedback as part of the Skillscope 360 assessment in support of their development of goals for their leadership growth.

I strongly believe **APPLICANT NAME** would benefit from the Provider Leadership Program. If you have any questions with regards to their qualifications or contributions, please do not hesitate to reach out to me.

Thank you for your consideration.

Sincerely,

